

Page 1 of 2

Name of Person Filing

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any)

Name Bakery Confectionery Union Healed, Pension Fund.

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 10401 Connecticut Ave.City KensingtonState M.D. ZIP Code + 4 20895-3860

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name Bakery Confectionery Union Healed, Pension Fund.

Trade Name, if any

P O Box, Bldg, Room No, if any

Street 10401 Connecticut Ave.City KensingtonState M.D. ZIP Code + 4 20895-3860

11 a Nature of such dealing

Reimbursement while serving as Trustee of the Healed and Pension Fund.

11 b Approximate dollar value of such dealing

4628.00

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name GESD Capital Partners.

Trade Name, if any

P O Box, Bldg, Room No, if any Suite 1450Street 221 Main StreetCity San FranciscoState CA. ZIP Code + 4 94105

14 a Nature of payment

Holiday Food Gift Basket.13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

12-15-04149.00

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8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box Bldg, Room No if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☒or Consultant ☐

?

14 b Amount of payment

6-23-04

24.00

Name of Person Filing	File Number U-
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8 Name and address of Business (including trade name, if any)

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State ZIP Code + 4

9 Business deals with

- ☐ a Labor Organization
☐ b Trust
☐ c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name
Trade Name, if any
P O Box, Bldg, Room No, if any
Street
City
State ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name Loomis Sayles Company
Trade Name, if any
P O Box, Bldg, Room No, if any
Street 70 East 55th Street
City New York
State N.Y. ZIP Code + 4 10022

14 a Nature of payment

Dinner at Trust meeting.

13 b Is the Business an Employer ☒ or Consultant ☐ ?

14 b Amount of payment

6-22-04

94.00

Name of Person Filing

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8 Name and address of Business (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

9 Business deals with

☐

a Labor Organization

☐

b Trust

☐

c Employer

10 If 9 b or 9 c is checked give trust or employer's name

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

11 a Nature of such dealing

11 b Approximate dollar value of such dealing

12 a Nature of interest held or income received

12 b Amount

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any)

Name

Trade Name, if any

P O Box, Bldg, Room No, if any

Street

City

State

ZIP Code + 4

14 a Nature of payment

13 b Is the Business an Employer ☒or Consultant ☐

?

14 b Amount of payment

11-30-04

186.00